BIRTH NO.  SEE. DIST. NO.  PRIMARY RG. DIST.			THE DIVISION OF H	ALTH OF MISSOU	IRI	•	
1. PLACE OF DEATH 2. COUNTY Jackson  5. CITY of such source and the country of th	FLED JAN :	3 1951	STANDARD CERTI	FICATE OF DEA	State File N	40708	
b. CITY (If cecides corporate limbs, write RURAL and give township)  C. CITY (If cecides corporate limbs, write RURAL and give township)  STATA (in the property of the corporate limbs, write RURAL and give township)  STATA (in the property of the corporate limbs, write RURAL and give township)  STATA (in the property of the corporate limbs, write RURAL and give township)  STATA (in the property of the corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write RURAL and give township)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rural corporation)  GR (ITY (If cecides corporate limbs, write Rura	BIRTH NO		REG. DIST. NO				
TOWN Kansas City (10 aby play 10 and the months) STAY (10 aby play 10 and the state of contains) ADDRESS STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the months) STAY (10 aby play 10 and the state of contains and the state	· COUNTY		····	a. STATE Misson	ENCE (Where deceased lived. If b. COUNTY	netitution: residence before ackson admission).	
3. NAME OF a. (FIRST)	OR .		RAL and give township) STAY (in this plac-	c. CITY (If outside outside outside Kanse		ownship)	
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   1871   9. AGE (to read a minute of the control of the color of the	d. FULL NAME OF (II HOSPITAL OR INSTITUTION	5817 Mich	titution, give street address or location) nigan				
10a. USUAL OCCUPATION (Circulated of each growth with a control dependency on the desire of working life. The dependency of working life. The presence of working life. The presence of working life. The presence of the pr	3. NAME OF a. DECEASED (Type or Print)		· · · _ ·	• • • •	OF Dec		
100. ISSIAL OCCUPATION (Circulated at out)   100. KIND OF BUSINESS OR IN. NETTY   Leavemworth, Kanses   12. Cittlenof what at the conditions of working like were at working with a conditions of working like were at working to the death out in the conditions of working like were at working in the conditions of working with a condition of working worki	· · · · · · · · · · · · · · · · · · ·	DLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Boods) Singio		9. AGE (In years) If the		
UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates of service)  (Tryen, e.t., or unknown) (If yea, stre war or dates or or ordition counting details.  (The dates of the dates or ordition counting details.  (Tryen) (In ordition) (Day) (Tea, in or about bound and service) (In ordition) (Day) (Tea, in or about bound and service) (In ordition) (Day) (Tea, in ordition) (Tryen) (	10a. USUAL OCCUPATION	(Chia kind of work	10b. KIND OF BUSINESS OR IN-	1		12. CITIZEN OF WHAT	
INC. ACCIDENT SUCCEPT TION  B. CAUSE OF DEATH Inter only one course of prints and the state of styring, such a least of the store course (a) stating the state of styring, such as shert felling state that the state of styring, such as shert felling state that she state the state course (a) stating the underlying course least.  DUE TO (b)  B. ANTECEDENT CAUSES  Morbid conditions, if one, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if one, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if one, giving DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not course of eachs or condition coursing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not course of eachs.  Bea. DATE OF OPERA-  SIGNIFICANT CONDITIONS  CONDITION  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  CONDITION	unknown		Ü	nknown	non <b>e</b>	IFE	
Enter only one cause per line for (a), (b), and (c)  This does not mean the distance of syring, such as heart fallure, asthenia, face in the above cause (a) stating the underly fallure, asthenia, face in the conditions, if any, giving DUE TO (b) Califor a collisions. However, injury, or compilication which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  ORDITION  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SI	no none none Rev. M. E. Coates 5817 Michigan. K.C., Mo.						
Abortous of sping, such as heart fellure, eithernia, etc. It means the disc. It means the	Enter only one osuse per line for (a), (b), and (c)  *The does not make ANTECEDENT CAUSES    DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH* (a)						
COUNTY   C	the mode of dring, such as heart fallure, authenia, if any, giving DUE TO (b) Listered Abstract Afficial Means the dis-						
21a. ACCIDENT SUICIDE	tion which caused death. 1					月子	
21d. TIME (Month) (Day) (Tear) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22f. Horeby certify that I attended the deceased from Grail   1950, that I last saw the deceased alive on Dec // 1950, and that death occurred at	19a. DATE OF OPERA- TION	96. MAJOR FINDIN	NGS OF OPERATION		· · · · · · · · · · · · · · · · · · ·		
m. WHILE AT WORK AT WO	21a. ACCIDENT (8) SUICIDE HOMICIDE			21c. (CITY, TOWN, OR 1	TOWNSHIP) (COUNTY)	(STATE)	
alive on 250 //, 19-50, and that death occurred at	21d. TIME (Month) OF INJURY	(Day) (Year) (Ho	WHILEAT (-) NOT WHILE (-)	21f. HOW DID INJURY	OCCUR?		
MARIAL CREMA- THOM BURIAL CREMA- THOM BEMOVAL (Residue)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  12/13-50  Mellody-McGilley-Eylar K.C., Mo.  1408 WalchemBldg, K.C., Mo.	alive on DEO 11, 19.40, and that death occurred at m., from the causes and on the date stated above.						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  12/14/50   Calvary   Kansas City, Missouri  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Mellody-McGilley-Eylar K.C., Mo.	-7-1		(Depart of the	1408 Walel		0. 12/2/50	
12-13-50 Devalding Holmes Mellody-McGilley-Eylar K.C., Mo.	TION DEMOVAL (C				Kansas City, Mis	souri	
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	line Holmes				
			(Licensed Embalmer's	tatement on Reverse Side	)	<del></del>	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.